

Important Notice

IMPORTANT

YOU ARE RESPONSIBLE FOR THE SAFEKEEPING OF THIS FOLDER AND ITS CONTENTS WHILE IT IS CHARGED OUT TO YOU.

NO PAPERS WILL BE REMOVED FROM IT NOR WILL THE CONTENTS BE DISCLOSED TO UNAUTHORIZED PERSONS.

THIS FOLDER MUST BE KEPT IN A LOCKED PLACE DURING NON WORK HOURS.

THIS FOLDER MUST BE RETURNED WITHIN 30 DAYS.

EMPLOYEE NAME:	SSN:
CHECKED OUT TO:	
Name and Organization <i>(Print)</i>	Name <i>(Signature)</i> and Date